

B6I (Official Form 6I) (12/07)

In re **Glenroy Paul**Case No. **1-13-44918**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP(S): Daughter	AGE(S): -
Employment:	DEBTOR	SPOUSE
Occupation	Owner	Registered Nurse
Name of Employer	Radiant Star	Downstate Medical Center
How long employed		3 Years
Address of Employer	974 Rutland Road Brooklyn, NY 11212	450 Clarkson Avenue Brooklyn, NY 11212

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

DEBTOR

SPOUSE

\$ **0.00**\$ **4,092.84**\$ **0.00**\$ **0.00**

3. SUBTOTAL

\$ **0.00**\$ **4,092.84**

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify):

ERS retirement\$ **0.00**\$ **1,540.68**\$ **0.00**\$ **0.00**\$ **0.00**\$ **55.84**\$ **0.00**\$ **521.64**\$ **0.00**\$ **0.00**

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ **0.00**\$ **2,118.16**

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ **0.00**\$ **1,974.68**

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ **0.00**\$ **0.00**

8. Income from real property

\$ **0.00**\$ **0.00**

9. Interest and dividends

\$ **0.00**\$ **0.00**

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ **0.00**\$ **0.00**

11. Social security or government assistance

(Specify):

\$ **0.00**\$ **0.00**\$ **0.00**\$ **0.00**

12. Pension or retirement income

\$ **0.00**\$ **0.00**

13. Other monthly income

(Specify):

See Detailed Income Attachment\$ **5,400.00**\$ **1,010.06**

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ **5,400.00**\$ **1,010.06**

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ **5,400.00**\$ **2,984.74**

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ **8,384.74**

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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Detailed Income Attachment

Other Monthly Income:

Rental Income	\$ 4,600.00	\$ 0.00
Gift Shop	\$ 800.00	\$ 0.00
Per Diem Maimonides Medical Center	\$ 0.00	\$ 1,010.06
Total Other Monthly Income	\$ 5,400.00	\$ 1,010.06